

Innovative Approaches: Diploma Pathways Course Sequence Application



SOUTH CAROLINA

DEPARTMENT OF EDUCATION

2019-20

**South Carolina Department of Education
1429 Senate Street
Columbia, South Carolina 29201**

SOUTH CAROLINA DEPARTMENT OF EDUCATION

LOCALLY DESIGNED DIPLOMA PATHWAYS COURSE SEQUENCE APPLICATION

On May 19, 2017, the South Carolina Governor signed legislation allowing for personalized pathways to a South Carolina high school diploma. South Carolina Code Ann., § 59-39-100, was amended to read the following:

To support the Profile of the South Carolina Graduate, for students entering ninth grade beginning with the 2018-2019 School Year, the twenty-four units required are as prescribed in this section and in regulation by the State Board of Education. (1) Students will continue to be required to earn the units of credit as prescribed in regulation and, when applicable, be offered national industry certifications and credential. (2) Coursework must be aligned with a student's personalized diploma pathway. The State Board of Education shall promulgate regulations that outline the process and procedures for approval of courses to personalize pathways based on students' postsecondary plans and include an annually updated course activity coding manual listing approved courses. The individualized graduation planning process must plan each student's personalized pathway based on his postsecondary plans.

To facilitate the requirements of this statute, the South Carolina Department of Education (SCDE), through the State Board of Education (SBE), with approval from the South Carolina General Assembly, updated SBE Regulation 43-234 (B) on May 25, 2018. As part of that regulation, the SBE provides these supporting guidelines on the process and procedures for approval of courses to personalize pathways that both the SCDE and each applicable school districts will use.

Email the completed Diploma Pathways Course Sequence Application to **Dr. Anne Pressley** at apressley@ed.sc.gov. Call her at (803) 734-6268 for questions or concerns. **Please allow 30 days from date of submission for SCDE processing to be completed.**

An approved application is valid for three years unless new standards are written in the subject area. In such a case, another application must be completed and submitted to the SCDE.

Date Submitted:	
District:	
APPLICATION PREPARED AND SUBMITTED BY	
Name:	
Position:	
Phone Number, including area code:	
E-mail address:	

RATIONALE FOR DIPLOMA PATHWAY COURSE SEQUENCE

Reflection 1: Explain how the needs assessment conducted at the local level substantiates the need for the proposed course sequence.

- What student-driven needs for success in high school does this course sequence address (student strengths/areas for growth)?
- What student-driven needs for post-secondary plans does this course sequence address (2-year technical schools, 2-year certification programs, military, direct entry into the work-force, direct certifications earned within high school)?

Reflection 2: Based on student needs identified in Reflection 1, provide a description of the proposed sequence of courses that comprise the innovative pathway.

- What courses already exist, and what courses will your district need to develop to build the pathway?
- How does the sequence include prerequisite skills and academic language that are necessary for students to succeed in the course sequence?
- How does the course sequence scaffold students to the intended post-secondary outcome?
- What current scheduling framework (AB/4X4/Traditional/Hybrid) does your district use? How does this provide students with the opportunity to access the courses in the proposed pathway?

Reflection 3: Based on student needs identified in Reflection 1 and the proposed sequence of courses detailed in Reflection 2, list and explain the criteria for selecting students for the course sequence.

- What quantitative measures will be used to identify students for this course? (e.g. SCReady data, district benchmark data, class averages) What are the established cut scores, and how do they inform recommendation for the prescribed pathway?
- What qualitative measures will be used to identify students for this course? (e.g. Observed classroom performance, anecdotal record/notes, work ethic)
- What research informs the proposed selection criteria?

USE THE GRID BELOW TO SHOW HOW COURSES WILL BE PROVIDED TO SUPPORT STUDENTS AS THEY PROGRESS THROUGH THEIR PRESCRIPTIVE LEARNING PATHWAYS.

CONTENT AREA COURSE PATHWAYS			
9TH	10TH	11TH	12TH

SUBMIT A SEPARATE APPLICATION FOR EACH LOCALLY DESIGNED COURSE THAT IS BEING SUBMITTED FOR APPROVAL.	
LOCALLY DESIGNED SUBJECT AREA COURSE FOR CORE CREDIT	
Name of Course:	
Subject Area(s):	
Length of Course:	<input type="checkbox"/> Semester <input type="checkbox"/> Year
Grade Level(s):	
Course Beginning Date:	
Course Ending Date:	
Course Credit to be Awarded:	<input type="checkbox"/> one unit <input type="checkbox"/> one-half unit
School(s) Where Pathways will be Implemented	
CERTIFICATION REQUIREMENTS FOR THE LOCALLY DESIGNED COURSE*	
List all area(s) of certification/endorsement that should appear on the certification:	
List any specific experience(s) or training(s) the teacher may have in this area of study:	

1. Describe the research-based methodologies and instructional practices that will be used and how they will meet identified student needs.
2. Identify the curriculum, textbooks, and materials that will be used in the course and how they directly support identified methodologies and instructional practices tied to student needs.
3. Demonstrate the alignment of the proposed course with SC Academic Standards using the chart below.

REQUIRED SIGNATURES

I certify that this locally designed Diploma Pathways Course Sequence will be taught by a properly certified teacher, is aligned with the state-adopted academic standards, is consistent with the UGP, and was approved by the local board of trustees.*

_____ Date _____
Teacher Signature

Print Name

_____ Date _____
Teacher Signature

Print Name

_____ Date _____
Teacher Signature

Print Name

_____ Date _____
Principal/Director of School where the course will be offered

Print Name

_____ **Date** _____

District Superintendent or Designee

Print Name

_____ **Date** _____

District Board of Trustees, Chairperson

Print Name

**Use additional signature sheets, if necessary, and attach it to this application.*